Human Services Committee
Testimony of Helen Benjamin, AARP Advocacy Volunteer, in
Support of H.B. No. 5919, AN ACT CONCERNING PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOME CARE
March 5, 2013

Honorable Chairs, leaders and members of the Human Services Committee, I am Helen Benjamin, Volunteer Advocacy Specialist for the AARP. AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, nearly 600,000 of whom live right here in Connecticut, which helps people age 50 and up turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment security and retirement planning.

I am speaking to you today on behalf of those who need community based services and because of my personal experience to strongly support H.B. 5919.

In 2010, AARP in partnership with The Scan Foundation and The Commonwealth Fund released a multidimensional *Scorecard* to measure state-level performance of long-term services and supports for older adults and people with disabilities.[1] Connecticut ranked 11 overall, but our state received only mediocre scores in consumer choice. States that lead the way in consumer choice share common characteristics, including timely eligibility determinations for home care services.

Hospitals account for nearly half of all nursing home admissions. When decisions must be made quickly at a time of crisis, state Medicaid programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for Medicaid HCBS often results in unnecessary nursing home placement.

H.B. 5919 addresses the significant delay faced by older adults when they try to access services at home. Determining financial eligibility for Medicaid applicants for community based services in 2011 took an average of 134 days. The Standard of Promptness set by CMS requires action on an application within 45 days from presentation. Without timely decisions these applicants' health and well-being could be at risk and the long delay may determine whether they remain in a community setting or enter a nursing facility. The cost differential is steep. On average, the cost of serving a Medicaid client in the community is approximately one third the average cost of serving that individual in an institution.

Under the proposal, presumptive eligibility would be available to applicants for the CT Home Care Program for Elderly, who have been pre-screened to meet functional eligibility and deemed likely to

[1] *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, available at: http://www.longtermscorecard.org/

meet Medicaid's financially eligibility. Connecticut already has some experience with presumptive eligibility for pregnant women and children. It is needed by our elders for home care. H.B. 5919 is supported by legal advocates, the Southwestern Area Agency on Aging and AARP. Thank you. I appreciate your time and consideration.

Connecticut: *2011 State Long-Term Services and Supports Scorecard Results*

Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers is the first of its kind: a multi-dimensional approach to measure state-level performance of LTSS systems that provide assistance to older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Scorecard Purpose: Public policy plays an important role in LTSS systems by establishing who is eligible for assistance, what services are provided, how quality is monitored, and the ways in which family caregivers are supported. Actions of providers and other private sector forces also affect state performance, either independently, or in conjunction with the public sector. The *Scorecard* is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being.

Results: The *Scorecard* examines state performance across four key dimensions of LTSS system performance. Each dimension is composed of 3 to 9 data indicators, for a total of 25 indicators. All 50 states and the District of Columbia were ranked. Connecticut ranked:

Overall **11**

- Affordability and access **8**
- Choice of setting and provider **25**
- Quality of life and quality of care **17**
- Support for family caregivers **20**

State ranks on each indicator appear on the next page.

Impact of Improved Performance: If Connecticut improved its performance to the level of the highest-performing state:

- 3,796 more low- or moderate-income (<250% poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
- 4,180 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes.
- 3,907 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- 2,058 unnecessary hospitalizations of people in nursing homes would be avoided.

CONNECTICUT *State Long-Term Services and Supports Scorecard Results*

			2011 Scorecard		
Dimension and Indicator	State Rate	Rank	All States Median Rate	Top 5 States Average Rate	Best State Rate
OVERALL RANK		**11**			
AFFORDABILITY AND ACCESS		**8**			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2010)	345%	48	224%	171%	166%
Median annual home care private pay cost as a percentage of median household income age 65+ (2010)	83%	12	89%	69%	55%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2009)	52	14	41	150	300
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2008-09)	57.0%	8	49.9%	62.2%	63.6%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2007)	54.9	4	36.1	63.4	74.6
ADRC/Single Entry Point functionality (composite indicator, scale 0-12) (2010)	7.5	27	7.7	10.5	11.0
CHOICE OF SETTING AND PROVIDER		**25**			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2009)	27.4%	31	29.7%	59.9%	63.9%
Percent of new Medicaid LTSS users first receiving services in the community (2007)	38.3%	30	49.9%	77.1%	83.3%
Number of people consumer-directing services per 1,000 adults age 18+ with disabilities (2010)	7.3	28	8.0	69.4	142.7
Tools and programs to facilitate consumer choice (composite indicator, scale 0-4) (2010)	3.00	10	2.75	3.79	4.00
Home health and personal care aides per 1,000 population age 65+ (2009)	42	16	34	88	108
Assisted living and residential care units per 1,000 population age 65+ (2010)	*	*	29	64	80
Percent of nursing home residents with low care needs (2007)	15.5%	35	11.9%	5.4%	1.3%
QUALITY OF LIFE AND QUALITY OF CARE		**17**			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2009)	70.9%	18	68.5%	75.5%	78.2%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2009)	85.4%	23	85.0%	90.9%	92.4%
Rate of employment for adults with ADL disability age 18-64 relative to rate of employment for adults without ADL disability age 18-64 (2008-09)	29.0%	11	24.2%	42.4%	56.6%
Percent of high-risk nursing home residents with pressure sores (2008)	9.6%	14	11.1%	7.2%	6.6%
Percent of long-stay nursing home residents who were physically restrained (2008)	2.6%	18	3.3%	1.3%	0.9%
Nursing home staffing turnover: ratio of employee terminations to the average no. of active employees (2008)	18.7%	1	46.9%	27.2%	18.7%
Percent of long-stay nursing home residents with a hospital admission (2008)	18.7%	23	18.9%	10.4%	8.3%
Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients (2010)	89%	31	90%	95%	97%
Percent of home health patients with a hospital admission (2008)	33.7%	45	29.0%	23.2%	21.8%
SUPPORT FOR FAMILY CAREGIVERS		**20**			
Percent of caregivers usually or always getting needed support (2009)	79.6%	14	78.2%	82.2%	84.0%
Legal and system supports for caregivers (composite indicator, scale 0-12) (2008-09)	3.37	24	3.17	5.90	6.43
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2011)	1	36	7.5	16	16

* Indicates data not available for this state.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Refer to Appendix B2 in *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for indicator descriptions, data sources, and other notes about methodology. The full report is available at www.longtermscorecard.org